

CITY OF SOMERVILLE  
MASSACHUSETTS  
OFFICE OF THE CITY CLERK  
RENEWAL APPLICATION FOR GARAGE LICENSE

DAVID GENNARO  
91 WASHINGTON STREET  
SOMERVILLE MA 02143

LIC #: 2012-105  
B.O.A.#

\*\*\* ENCLOSED IS THE RENEWAL CERTIFICATE FOR YOUR \*\*\*

ALLOWED USES - (CHOOSE ALL THAT APPLY)

Mechanical Repair: X Auto Body Work:      Parking or Storing Vehicles:       
Washing Vehicles:      Spray Painting:      Operating a Tow Vehicle:     

ISSUED IN ACCORDANCE WITH THE APPLICABLE PROVISIONS OF M.G.L.A. CHP. 148 Sec 13  
This Certificate must be signed and filed with the required fee of \$550.00 not later than April 30, 2012. Use the enclosed envelope.

Kindly fill in the information correcting any errors listed on our current records below. Please print or type your information, except for signature.

Company Name: M. KORSON & CO., INC. TEL: 617-625-6060  
Company Address: 00091 WASHINGTON ST

City: SOMERVILLE State: MA Zip: 02143

Check One: Individual:      Co:      Corp: X Trust:      Agency:      Ship:      Gov't Partner Other:       
Owner Name: DAVID GENNARO TEL: 1-617-625-6060  
Owner Address: 91 WASHINGTON STREET

Owner City: SOMERVILLE State: MA Zip: 02143  
FID#: 042576260

This renewal is being sent to you as a courtesy, please file on time. If this renewal is not returned to City Clerk's office by 04/30/2012, please advise.

\*\*\*\*\* HOURS OF OPERSTIONS \*\*\*\*\*  
MONDAY-FRIDAY: 08:00 AM-06:00 PM  
SATURDAY: 08:00 AM-02:00 PM  
SUNDAY: CLOSED

Very truly yours,

John J. Long  
City Clerk

----- OUR CURRENT INFORMATION SHOWS -----  
-- GARAGE OPEN TO THE PUBLIC -- LICENSE #: 2012-105  
FEE: \$550.00

This is to certify: DAVID GENNARO has been licensed by the Mayor and the Aldermen of the City of Somerville. Since 11/08/1956  
Garage situated at: 00091 WASHINGTON ST  
Doing business as : M. KORSON & CO., INC.  
Shall not exceed: 1 Vehicles Inside & 3 Vehicles Outside, not on public ways in addition the following restrictions apply:  
4 18/WHEEL TRUCKS (OIL TANKERS)  
NO TRUCKS ON WASHINGTON STREET

CITY CLERK'S OFFICE  
MAR 26 P 4 12

This renewal certificate must be signed by the holder of the license  
Check One: Owner X Occupant      Holder     

David J Gennaro  
Signature of Applicant

91 Washington St  
Address

Somerville MA 02143  
City State Zip

\*\* Office Use Only \*\*  
Mailed       
Taken       
Received: 3/26/12 -ms  
\$550.00 ck # 1330  
City Clerk

**IMPORTANT**

#653

REF 770

Dear License Holder:

It is time to renew the license issued by the Somerville Board of Aldermen. We are converting to a new software system, and the enclosed page shows the information we have on file for your license. Please fill out the six boxes below with the correct information, so we can update our records, and return all of pages with your fee to the City Clerk's Office. Call us at 617 625-6600 x4100 if you have any questions.

The DBA Name of the Business: M KORSON + Co INC

Somerville Address and Zip Code: 91 WASHINGTON ST 02143

Phone Number of the Business: 617 625 6060

The Legal Name of the License Holder: DAVID GENNARO

Street Address of the License Holder: 91 WASHINGTON ST

City, State and Zip Code of the License Holder: SOMERVILLE MA 02143

Phone Number of the License Holder: 617 625 6060

Email Address of the License Holder: M KORSON @ HOT MAIL . COM

Where We Should Send Mail: Name: DAVID GENNARO

Street Address: 91 WASHINGTON ST

City, State and Zip Code: SOMERVILLE MA 02143

Email: M KORSON @ HOT MAIL . COM

Phone Number: 617 625 6060

Federal ID # (Do Not Give a Social Security #): 042 57 6260

Emergency Contact and Phone (For Fire Dept. Use): DAVID GENNARO 617 872 0782

Type of Business (Check Only One and Give the Names Indicated):

Sole Proprietor: Name of Owner: \_\_\_\_\_

Partnership (inc. LLP): Names of All Partners Who Own More Than 10%: \_\_\_\_\_

Trust: Names of All Trustees Who Own More Than 10%: \_\_\_\_\_

Corporation (inc. LLC): Name of President: DAVID GENNARO

Name of Secretary: THOMAS GENNARO

Name of Treasurer: THOMAS GENNARO

Other (Attach a Description of the Form of Ownership and the Names of Owners)

**ACKNOWLEDGEMENT:** I hereby certify under the penalties of perjury that the following is true:

- All information shown above is true and accurate.
- Any changes above are subject to the approval of the Somerville Board of Aldermen.
- I have filed all State tax returns and paid all State taxes required by law for this business.

License Holder Signature: David J Gennaro Date 3-22-12

MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State tax returns and paid all State taxes required under law.

*M. Rowson David Senna*

\* Signature of Individual or Corporate Name (Mandatory)

*David T Senna*

By: Corporate Officer (Mandatory, if a corporation)

*042 57 62 60*

\*\* Social Security Number (Voluntary) or Federal Identification Number (Mandatory, if a corporation)

\* This license will not be issued unless this certification clause is signed by the applicant.

\*\* Your Social Security Number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Mass. G.L. c. 62C s. 49A.



City of Somerville, Massachusetts  
Finance Department, Treasury Division

**WARNING: TREASURY NEEDS FIVE BUSINESS DAYS TO PROCESS THIS FORM.**

**CERTIFICATE OF GOOD STANDING**

Exact name of taxpayer/applicant's business: M. MORSON + CC

Address of taxpayer/applicant's business in Somerville: 91 Washington S

Address of taxpayer/applicant's home in Somerville: \_\_\_\_\_

Taxpayer/applicant's phone: day: 607 625 6060 evening: 617 872 0782

I, (print name) \_\_\_\_\_, the undersigned Taxpayer, do hereby certify that all the information contained herein is true and correct and all taxes and fees due the City have been paid or that the Taxpayer has entered into an agreement to pay all taxes and fees and is current on said agreement.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY, this 22 day of March, 2012. David J. Gennaro  
(Taxpayer's signature)

**CITY'S ACKNOWLEDGEMENT**

DATE OF ISSUANCE: \_\_\_\_\_ INCLUDES RELEVANT POSTINGS THROUGH: \_\_\_\_\_

TAXES AND ACCOUNT NUMBER(S) INCLUDED IN CERTIFICATE:

Real Estate # 07271066  
15459  
 Water/Sewer # 10910800  
 Personal Property # 1307  
 Other: \_\_\_\_\_ # \_\_\_\_\_

NOTES:

CLERK'S INITIALS: 4

ORIGINAL STAMP:

**RECEIVED**  
4-3-26-12



The Commonwealth of Massachusetts

Department of Industrial Accidents

Office of Investigations

600 Washington Street, 7th Floor

Boston, Mass. 02111

Workers' Compensation Insurance Affidavit - General Businesses

Applicant information:

Please PRINT legibly

name: M. MORSON + CO
address: 91 Washington
city: Somerville state: MA zip: 02143 phone #: 617 625 6060

work site location (full address):

I am a sole proprietor and have no one working in any capacity. Business Type: Retail Restaurant/Bar/Eating Establishment Office Sales (including Real Estate, Autos etc.) I am an employer with employees (full & part time). Other TRUCKING

I am an employer providing workers' compensation for my employees working on this job.

company name: M. MORSON
address: 91 Washington St
city: Somerville MA phone #: 617 625 6060
insurance co. AIC policy #: 6562LB 4594P 49-2-1

I am a sole proprietor and have hired the independent contractors listed below who have the following workers' compensation policies:

company name:
address:
city: phone #:
insurance co. policy #

company name:
address:
city: phone #:
insurance co. policy #

Attach additional sheet if necessary
Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.
Signature: David Gennaro Date: 3-22-12
Print name: DAVID GENNARO Phone #: 617 625 6060

official use only do not write in this area to be completed by city or town official
city or town: permit/license #: Building Department Licensing Board Selectmen's Office Health Department Other
contact person: phone #:
(revised Sept. 2003)



ace group

# VDAC

## WORKERS COMPENSATION AND EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 ( A)

POLICY NUMBER: (6562LB-4594P49-8-11)  
NEW-11

INSURER: ACE AMERICAN INSURANCE COMPANY

NCCI CO CODE: 80500

1.

**INSURED:**

M KORSON & COMAPNY INC  
91 WASHINGTON STREET  
SOMERVILLE MA 02143

**PRODUCER:**

AMITY INS AGCY INC  
500 VICTORY ROAD  
QUINCY MA 02171

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 06-11-11 to 06-11-12 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MA

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$	100000 Each Accident
Bodily Injury by Disease: \$	500000 Policy Limit
Bodily Injury by Disease: \$	100000 Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

COVERAGE REPLACED BY ENDORSEMENT WC 20 03 06A

D. This policy includes these endorsements and schedules:

MAY 13 2011

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 05-05-11 DS  
OFFICE: ORLANDO OA ACE 24M  
PRODUCER: AMITY INS AGCY INC

ST ASSIGN: MA

002591

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